Chapter 5

Forms and Reports

In this Chapter

The following sections are covered:

	\$	Section Title	Page
I.	DOCUMENTATION		5-2
II.	FORMS		5-3

I. DOCUMENTATION OF CARE FOR CHILDREN'S SPECIAL HEALTH

The forms are listed in the approximate order they should appear in the record. Some variation is acceptable based on the chronological order of assessments, interventions, appointments, correspondence, medical records, etc. These forms help us to provide our part of the care coordination, plus provide data on who we serve, what services are required, etc. If records become too large, please see the PHN policy on summarizing records and beginning another record.

CSH-1 Children's Special Health and Dental Services Application

CSH-2 Tier Assessment Worksheet

CSH-4 Maternal and Child Health Family History Form

CSH-6 MCH Right and Responsibilities

CSH-8 Family Needs Survey

CSH-9 CSH Pathway

CSH-10 CSH Annual Update

MCH-3 Maternal Child Health Financial Information Form

MCH-7 MCH Referral Form (See Section I)

MCH-10 MCH Change Form (See Section I)

MCH-11 MCH Intake Form (See Section I)

PHN-F-338 MCH-PHN HIPAA Combined Consent

Optional Forms List

CSH-12 Family Care Coordination Evaluation Form (See Section VI)

CSH-13 Physician Referral

Other PHN Forms

PHN-15 Age Specific Pediatric Assessment

II. FORMS

The Children's Special Health Data/Documentation System provides a standardized, systematic process of data collection and documentation on all CSH clients. Use of this system will assure appropriate triage, risk assessment and care coordination of CSH clients. In addition, this system will assist the program manager and local coordinators with outcomes measurement and program evaluation.

USE OF FORMS FOR CHILDREN'S SPECIAL HEALTH

Frequency		ncy			Location	Location Distribution		ution
A	I	AN	FORM #	FORM NAME	S/P	F	L	S
	X		CSH-1	Children's Special Health and Dental Services Application	S/P		С	0
X	X		CSH-2	Tier Assessment Sheet	S/P		0	
	X	X	CSH-4	Maternal and Child Health Family History	S/P		0	
X	X		CSH-6	MCH Rights and Responsibility	S/P	0	C	C
X	X	X	CSH-8	Family Needs Survey	P		0	
X	X	X	CSH-9	CSH Pathway	P		0	
X			CSH-10	CSH Annual Update	S/P		C	0
X			CSH-12	Family Care Coordination Evaluation (audit form)	P		0	
		X	CSH-13	Physician's Referral	P		C	0
X	X		MCH-3	Maternal and Child Health Financial Information	S/P		C	0
X	X		MCH-7	MCH Referral Form	P		0	
		X	MCH-10	Change Form	S/P		C	0
	X		MCH-11	MCH Intake	S/P		C	0
X	X	X	PHN-F- 338	MFH-PHN HIPAA Combined Consent	P		0	
		X	PHN-15 or other	Age Specific Pediatric Assessment (if not done by Medical Home or Specialist)	P		0	



